

John R. Ashcroft Secretary of State  
2017-2018 BIENNIAL REGISTRATION REPORT  
NONPROFIT

**N00044461**  
**Date Filed: 6/6/2017**  
**John R. Ashcroft**  
**Missouri Secretary of State**

☒ I ELECT TO FILE A BIENNIAL REGISTRATION REPORT

**\* SECTION 1, 3 & 4 ARE REQUIRED**

REPORT DUE BY: <u>8/31/2017</u>
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**N00044461**  
**MEMBERS IN SOLIDARITY FUND**  
**EDWARD ROBINSON**  
**583 TRITON WAY**  
**ELLSVILLE MO 63011**

	ORGANIZED UNDER THE LAWS OF: <u>Missouri</u>
1	PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS: *  583 triton way dr (Required)  STREET ellisville MO 63011 CITY / STATE ZIP

2	If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information. <input type="checkbox"/> The new registered agent <b>IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.</b> <input type="checkbox"/> The new registered office address <b>Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.</b>
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	OFFICERS NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <b>MUST LIST PRESIDENT AND SECRETARY BELOW</b>	A	BOARD OF DIRECTORS NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <b>MUST LIST AT LEAST THREE DIRECTORS BELOW</b>	B
3	<b><u>PRESIDENT</u></b> jones, gary STREET 1002 brook mont drive CITY/STATE/ZIP ofallon MO 63366 <b><u>SECRETARY</u></b> robinson, edward STREET 583 triton way dr CITY/STATE/ZIP ellisville MO 63011  STREET CITY/STATE/ZIP  STREET CITY/STATE/ZIP		<b><u>NAME</u></b> pearson, vance STREET 1727 ciera ridge ct south CITY/STATE/ZIP st charles MO 63303 <b><u>NAME</u></b> jones, gary STREET 1002 brook mont drive CITY/STATE/ZIP ofallon MO 63366 <b><u>NAME</u></b> robinson, edward STREET 583 triton way dr CITY/STATE/ZIP ellisville MO 63011 <b><u>NAME</u></b> STREET CITY/STATE/ZIP	
	NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED			

4	The undersigned understands that false statements made in this report are punishable for the crime of making a false declaration under Section 576.060 RSMo. Photocopy or stamped signature not acceptable.	*
	Authorized party or officer sign here <u>gary jones</u> (Required)	
	Please print name and title of signer: <u>gary jones</u> / <u>President</u> NAME TITLE	

REGISTRATION REPORT FEE IS: ___\$20.00 If filed on or before 8/31/2017 ___\$25.00 If filed after 9/30/2017  Corporation will be administratively dissolved if report is not filed by 11/29/2019
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**WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE**

E-MAIL ADDRESS (OPTIONAL): ok2mi2mo@gmail.com